

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

**See Instructions and *Privacy
Statement On Reverse Side**

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CLAIMANT'S NAME Teri Takai		SSN or EMPLOYEE NUMBER*		DEPARTMENT OCIO	
POSITION State Chief Information Officer		CB/ID No.		DIVISION or BUREAU	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 1325 J St., Suite 1600		TELEPHONE NUMBER	
CITY STATE ZIP CODE		CITY Sacramento		STATE CA ZIP CODE 95814	

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
7	3:30 pm	San Jose to Sacramento								4.00		0.00		4.00
												0.00		0.00
18	2:30 pm	Sacramento to Los Angeles	146.02			18.00		329.00	A			0.00		493.02
19	7:00 pm	Los Angeles to Sacramento		6.00	10.00	18.00	6.00					0.00	9.95	49.95
												0.00		0.00
22	7:00 pm	San Francisco								10.00		0.00		10.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			146.02	6.00	10.00	36.00	6.00	329.00		14.00	0.00	0.00	9.95	556.97
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL**\$556.97**

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

5/7 Attend a meeting with the Governor in San Jose

5/18 - 19 So Cal CIO Executive Summit

5/22 CA Education Data Group meeting in San Francisco

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE